



ROOFING INSPECTOR REPORT

Roofing Permit No: _____

Name of Original
Roofing Contractor: _____
Qualifier: _____

Property address: _____

Property Owner(s): _____

Type of Roofing system(s): _____ Inspection Date: _____

I have inspected the roof cover of the building located at the above referenced address and the following was noted (Check one):

- 1. The roof covering is in satisfactory condition with no evidence of leaks. _____
(Inspector's Initials)
- 2. Deficiencies requiring correction. _____
(Inspector's Initials)

(List all deficiencies and describe extent of damage and required corrective measures)

I certify that I have no ownership, financial or business interest in the property which is the subject of this inspection report. Also, I certify that I do not have a contract purchase offer on the property. Further, I certify that I am not related by blood or consanguinity to the owner or any individual employed by the above named contractor and have had no past or present financial or business dealing with the owner or roofing contractor. Finally, I certify that I have never been an employee or unpaid consultant of the owner or above named roofing contractor.

SIGNATURE: _____ **LICENSE NO:** _____

Signature of Qualifier
PRINT NAME _____
State of Florida, Miami Dade County
Swoon to and subscribed before me this _____ day of
_____ 20____.
By _____ (seal)
Personally Known or ID. _____

